

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 31 8 47 AM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Michela Alioto for Congress		2. FEC IDENTIFICATION NUMBER C00308403
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported. 3212 Jefferson St., #198		
CITY, STATE and ZIP CODE Napa, CA 94558	STATE/DISTRICT CA/01	
		3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

- | | |
|--|---|
| <input type="checkbox"/> April 15 Quarterly Report | <input type="checkbox"/> Twelfth day report preceding _____ (Type of Election) |
| <input type="checkbox"/> July 15 Quarterly Report | election on _____ in the State of _____ |
| <input type="checkbox"/> October 15 Quarterly Report | <input type="checkbox"/> Thirtieth day report following the General Election on _____ |
| <input type="checkbox"/> January 31 Year End Report | _____ in the State of _____ |
| <input checked="" type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> Termination Report |

This report contains activity for: Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period <u>01/01/97</u> through <u>06/30/97</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$ 22,832.00	\$ 22,832.00
(b) Total Contribution Refunds (from Line 20(d))	\$ 5,000.00	\$ 5,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$ 17,832.00	\$ 17,832.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$ 53,001.17	\$ 53,001.17
(b) Total Offsets to Operating Expenditures (from Line 14)	\$ 7,772.05	\$ 7,772.05
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$ 45,229.12	\$ 45,229.12
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$ 32,657.70	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-5420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$341,578.20	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert M. Derenai	
Signature of Treasurer <i>Robert M. Derenai</i>	Date July 29, 1997

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--	--

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Michela Alioto for Congress CD0308403		Report Covering the Period:	
		From: 01/01/97	To: 06/30/97
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	\$20,700.00		11(a)(i)
(ii) Unitemized	\$ 1,132.00		11(a)(ii)
(iii) Total of contributions from individuals	\$21,832.00	\$21,832.00	11(a)(iii)
(b) Political Party Committees			
(c) Other Political Committees (such as PACs)			
(d) The Candidate			
(e) TOTAL CONTRIBUTIONS (other than loans (add 11(a)(iii), (b), (c) and (d)))		\$22,832.00	\$22,832.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES			
		-0-	-0-
13. LOANS:			
(a) Made or Guaranteed by the Candidate			
(b) All Other Loans		\$20,000.00	\$20,000.00
(c) TOTAL LOANS (add 13(a) and (b))			
		-0-	-0-
		\$20,000.00	\$20,000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)			
		\$ 7,772.05	\$ 7,772.05
15. OTHER RECEIPTS (Dividends, Interest, etc.)			
		-0-	-0-
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		\$50,604.05	\$50,604.05
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES			
		\$53,001.17	\$53,001.17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES			
		-0-	-0-
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate			
(b) Of All Other Loans		-0-	-0-
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))			
		-0-	-0-
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees			
(b) Political Party Committees		-0-	-0-
(c) Other Political Committees (such as PACs)			
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		\$ 5,000.00	\$ 5,000.00
		\$ 5,000.00	\$ 5,000.00
21. OTHER DISBURSEMENTS			
		-0-	-0-
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)		\$58,001.17	\$58,001.17

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 40,054.82	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 50,604.05	24
25. SUBTOTAL (add Line 23 and Line 24)	\$ 90,658.87	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 58,001.17	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 32,657.70	27

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 5

FOR LINE NUMBER 11 (a) (1)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Michela Alioto for Congress C00308403

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Angelina R. Alioto 1819 Zinfandel Lane St. Helena CA 94574	Self-Employed	05/28/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph M. Alioto 1150 Sacramento St. San Francisco, CA 94108	Alioto Law Firm	06/30/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michele D. Alioto 1150 Sacramento St. San Francisco, CA 94108	N/A	06/30/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife	Aggregate Year-to-Date > \$1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Batimovich Trust 441 Roehampton Road Hillsborough, CA 94010	Glenborough Corp	05/23/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Developer	Aggregate Year-to-Date > \$1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judi Grimes Bennett 222 Kearney St., #7 San Francisco, CA 94111	Cobiente, Cahen, McCabe & Breyer	06/18/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO	Aggregate Year-to-Date > \$1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul F. Bennett 595 Market St., #2300 San Francisco, CA 94105	Gold, Bennett & Cera	06/18/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maxwell M. Blecher 611 West Sixth Street, 20th Floor Los Angeles, CA 90017	Blecher & Co.	04/21/97	\$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) \$6,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Michela Alioto for Congress C00308403

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Russell Brasso 807 Montgomery Street San Francisco, CA 94133	Foreman & Brasso	06/19/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$1000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce M. Brusavich 912 Via Mirada Palos Verdes Estates, CA 90274	Agnew & Brusavich	06/24/97	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susie Tompkins Buell Three Embarcadero Center #2290 San Francisco, CA 94111	Self-Employee	06/24/97	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Clothing Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin Samuel Checov Embarcadero Center West San Francisco, CA 94111	O'Malley & Myers	06/24/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James R. Chiosso 1999 Harrison St., Suite 1600 Oakland, CA 94612	William, Ivory, Chiosso, Cavelli & Brewer	06/03/97	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deborah A. David 2049 Century Park E #3100 Los Angeles, CA 90067	Laboretz & David	06/30/97	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dagmar Dolby 3340 Jackson Street San Francisco, CA 94118	N/A	04/16/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Housewife Aggregate Year-to-Date > \$1,000.00		

SUBTOTAL of Receipts This Page (optional)	\$5,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 5
FOR LINE NUMBER 11 (a) (i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Michela Alioto for Congress C00308403

A. Full Name, Mailing Address and ZIP Code Louise Dickerson 1 Park Ave. Dallas, PA 18612		Name of Employer N/A	Date (month, day, year) 05/29/97	Amount of Each Receipt this Period \$ 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Retired	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code Eleanor R. Gerson 2425 N. Park Blvd., Apt 2 Cleveland Heights, OH 44106		Name of Employer N/A	Date (month, day, year) 05/09/97	Amount of Each Receipt this Period \$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Retired	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Dennis A. Gilardi 1115 Magnolia Ave. Larkspur, CA 94939		Name of Employer Self-Employed	Date (month, day, year) 06/30/97	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-to-Date > \$1,000.00	
D. Full Name, Mailing Address and ZIP Code Richard H. Graff P.O. Box 855 Soledad, CA 93960		Name of Employer Chalone Wine Group	Date (month, day, year) 06/30/97	Amount of Each Receipt this Period \$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Director/Chairman	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Myra Greenspun 6 Dovetail Circle Green Valley, CA 89104		Name of Employer N/A	Date (month, day, year) 06/30/97	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Housewife	Aggregate Year-to-Date > \$1,000.00	
F. Full Name, Mailing Address and ZIP Code Robert M. Haft 3000 K St. NW #105 Washington, DC 20008		Name of Employer Self-Employed	Date (month, day, year) 06/24/97	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-to-Date > \$1,000.00	
G. Full Name, Mailing Address and ZIP Code Virginia Lee Laurence 441 Boynton Ave. Berkeley, CA 94707		Name of Employer N/A	Date (month, day, year) 06/18/97	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Retired	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)	\$4,700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 5
FOR LINE NUMBER 11 (a) (i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) **Michela Alioto for Congress** COD308403

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nan Tucker McEvoy 5935 Red Hill Road Petaluma, CA 94952	N/A	05/01/97	\$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dean Ornish, MD 900 Bridgeway Sausalito, CA 94965	Preventive Medicine Research Inst.	06/30/97	\$ 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol D. Saal 1955 Bryant St. Palo Alto, CA 94301	N/A	06/18/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife	Aggregate Year-to-Date > \$1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harry J. Saal 1955 Bryant St. Palo Alto, CA 94301	Smart Valley	06/18/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregory L. Shaw 5402 Lk. Wa. Blvd. NE #E Kirkland, WA 98033	Microsoft	04/23/97	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Software Engineer	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Amy Fisch Solomon 430 Crane Blvd. Los Angeles, CA 90065	Girardi & Keese	06/24/97	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy G. Tietjen 1045 Buchan Dr. Lafayette, CA 94549	Royda, Fuder & Tietjen	06/30/97	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)	\$4,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5 OF 5
FOR LINE NUMBER 11 (a) (i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Michela Alioto for Congress

000308403

<p>A. Full Name, Mailing Address and ZIP Code F. Jerome Tone, IV 244 California St., Ste 400 San Francisco, CA 94111</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Montgomery Securities</p> <p>Occupation EX YP</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 05/09/97</p>	<p>Amount of Each Receipt this Period \$ 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Carolyn Walters 402 Northeast F. St. Bentonville, AR 72712</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation Housewife</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 05/01/97</p>	<p>Amount of Each Receipt this Period \$ 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) \$ 750.00

TOTAL This Period (last page this line number only) \$20,700.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 11 (c)

Other Political Committees (such as PAC's)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Michela Alioto for Congress

COD308403

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
International Association of Fire Fighters 1750 New York Ave., NW Washington, DC 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	FIREPAC FEC #C0029447 Occupation	05/09/97	\$1,000.00
Aggregate Year-to-Date > \$ 1,000.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)

\$1,000.00

TOTAL This Period (last page this line number only)

\$1,000.00

SCHEDULE C
(Revised 3/80)

Loans: Made or Guarantees by the Candidate
LOANS

Page 1 of 2 for
LINE NUMBER 13 (a)
(Use separate schedules
for each numbered line)

Name of Committee (in Full) Michela Alioto for Congress				C00308403			
A. Full Name, Mailing Address and ZIP Code of Loan Source Michela Alioto 1819 Zinfandel Lane St. Helena, CA 94574		Original Amount of Loan \$ 20,000.00		Cumulative Payment To Date -0-		Balance Outstanding at Close of This Period \$ 20,000.00	
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Terms: Date Incurred <u>04/11/97</u> Date Due <u>04/10/2002</u> Interest Rate <u>0.0</u> % (apr)				Secured	
List All Endorsers or Guarantors (if any) to Item A				(This area is shaded to indicate that the information is not to be reported.)			
1. Full Name, Mailing Address and ZIP Code		Name of Employer					
		Occupation					
		Amount Guaranteed Outstanding: \$					
2. Full Name, Mailing Address and ZIP Code		Name of Employer					
		Occupation					
		Amount Guaranteed Outstanding: \$					
3. Full Name, Mailing Address and ZIP Code		Name of Employer					
		Occupation					
		Amount Guaranteed Outstanding: \$					
B. Full Name, Mailing Address and ZIP Code of Loan Source Michela Alioto 1819 Zinfandel lane St. Helena, CA 94574		Original Amount of Loan \$ 40,000.00		Cumulative Payment To Date -0-		Balance Outstanding at Close of This Period \$ 40,000.00	
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Terms: Date Incurred <u>03/15/96</u> Date Due <u>03/15/99</u> Interest Rate <u>0.0</u> % (apr)				Secured	
List All Endorsers or Guarantors (if any) to Item B				(This area is shaded to indicate that the information is not to be reported.)			
1. Full Name, Mailing Address and ZIP Code		Name of Employer					
		Occupation					
		Amount Guaranteed Outstanding: \$					
2. Full Name, Mailing Address and ZIP Code		Name of Employer					
		Occupation					
		Amount Guaranteed Outstanding: \$					
3. Full Name, Mailing Address and ZIP Code		Name of Employer					
		Occupation					
		Amount Guaranteed Outstanding: \$					
SUBTOTALS This Period This Page (optional).....						\$ 60,000.00	
TOTALS This Period (last page in this line only).....							
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.							

LOANS

Name of Committee (in Full) Michela Alioto for Congress		C00308403	
A. Full Name, Mailing Address and ZIP Code of Loan Source Michela Alioto 1819 Zinfandel Lane St. Helena, CA 94574		Original Amount of Loan \$ 20,000.00	Cumulative Payment To Date -0-
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period \$ 20,000.00	
Term: Date Incurred 03/15/97 Date Due 03/15/99 Interest Rate 0.0 % (apr)		Secured	
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source Michela Alioto 1819 Zinfandel Lane St. Helena, CA 94574		Original Amount of Loan \$ 40,000.00	Cumulative Payment To Date -0-
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period \$ 40,000.00	
Term: Date Incurred 03/12/96 Date Due 03/12/99 Interest Rate 0.0 % (apr)		Secured	
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
SUBTOTALS This Period This Page (optional).....		\$ 60,000.00	
TOTALS This Period (last page in this line only)			

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

LOANS

Name of Committee (in Full) Michela Alioto for Congress		C00308403		
A. Full Name, Mailing Address and ZIP Code of Loan Source Michela Alioto 1819 Zinfandel Lane St. Helena, CA 94574 Election: Primary General Other (specify):		Original Amount of Loan \$100,000.00	Cumulative Payment To Date -0-	Balance Outstanding at Close of This Period \$100,000.00
Terms: Date Incurred <u>02/09/96</u> Date Due <u>02/08/99</u> Interest Rate <u>0.0</u> %(apr) Secured		List All Endorsers or Guarantors (if any) to Item A		
1. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source Michela Alioto 1819 Zinfandel lane St. Helena, CA 94574 Election: Primary General Other (specify):		Original Amount of Loan \$100,000.00	Cumulative Payment To Date -0-	Balance Outstanding at Close of This Period \$100,000.00
Terms: Date Incurred <u>11/07/95</u> Date Due <u>11/07/99</u> Interest Rate <u>0.0</u> %(apr) Secured		List All Endorsers or Guarantors (if any) to Item B		
1. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional).....				\$200,000.00
TOTALS This Period (last page in this line only).....				\$320,000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 14

Offsets to Operating Expenditures

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Michela Alioto for Congress

00308403

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Pacific Bell Payment Center Sacramento, CA 95887	Refund - Telephone Deposit	05/01/97	\$ 989.34
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wells Fargo Bank P.O. Box 29475 Phoenix, AZ 85038	Refund - Security Deposit	05/13/97	\$2,561.68
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wells Fargo Bank P.O. Box 29475 Phoenix, AZ 85038	Refund - Double Payment	05/13/97	\$ 84.29
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JHL Trust 1333 Jefferson St. Napa, CA 94559	Refund - Rent Deposit	03/11/97	\$1,423.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wells Fargo Bank P.O. Box 29475 Phoenix, AZ 85038	Refund - Security Deposit	06/04/97	\$2,427.09
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kevin J. Meeks 1688 Sutter St. #7 San Francisco, CA 94109	State dated check #1057 originally issued 05/29/96	03/11/97	\$ 274.65
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Solano County Democratic Comm. c/o William D. Wood P.O. Box 5289 Santa Rosa, CA 95402	State dated check #1096 originally issued 07/01/96	03/11/97	\$ 12.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) \$7,772.05

TOTAL This Period (last page this line number only) \$7,772.05

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 6
FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Michela Alioto for Congress

C00308403

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Alioto Law Office One Embarcadero Center #4000 San Francisco, CA 94111	Office Expense	04/03/97	\$ 204.07
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	05/09/97	\$ 137.29
	<input type="checkbox"/> Other (specify)	06/04/97	\$ 56.81
B. Full Name, Mailing Address and ZIP Code Allen's Press Clipping Bureau 657 Mission St San Francisco, CA 94105	Research	06/02/97	\$ 56.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Ameritel P.O. Box 6740 Napa, CA 94581	Telephone	04/03/97	\$ 751.47
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code AT&T P.O. Box 78225 Phoenix, AZ 85062	Telephone	04/16/97	\$ 503.65
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	04/16/97	\$ 43.50
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Bloomers 2975 Washington St. San Francisco, CA 94115	Flowers	02/14/97	\$ 232.20
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input checked="" type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code Greg Boller 3239 Briggs Ave. Alameda, CA 94501	Postage	01/08/97	\$ 136.16
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code Carole Martin dba Business Printer 40 First St., 5th Floor San Francisco, CA 94105	Printing	04/04/97	\$ 607.61
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	05/21/97	\$ 417.73
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code Cellular One P.O. Box 7552 San Francisco, CA 94120	Telephone	03/20/97	\$1,041.78
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	05/14/97	\$ 383.12
	<input type="checkbox"/> Other (specify)	04/30/97	\$ 432.29
I. Full Name, Mailing Address and ZIP Code Bryan Cooper 4875 Turner Rd. Sebastopol, CA 95472	Promotional Expense	04/09/97	\$ 559.09
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

\$5,562.77

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 2 OF 6
FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Michela Alioto for Congress

C00308403

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Classique Catering c/o Gaddy Neuwirth 2227 Union Street San Francisco, CA 94123	Catering Service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/04/97	\$ 687.45
Robert M. Derenzi 1265 Glacier Ave. Pacifica, CA 94044	Prof. Fees - Treasurer Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/06/97 03/14/97	\$ 325.00 \$1,375.00
English Gardens 804 E. Street, SE Washington, DC 20003	Flowers Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/12/97	\$ 447.00
Executive Catering 2161 Third Street San Francisco, CA 94102	Catering Service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/16/97	\$ 175.51
FedEx P.O. Box 1140 Memphis, TN 38101	Delivery Service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/14/97	\$ 24.00
Federal Election Commission 999 E Street, NW Washington, DC 20463	MUR Payment Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/12/97	\$6,000.00
Gaddy Neuwirth 2227 Union Street San Francisco, CA 94123	Prof Fees- Fund Raising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/25/97 04/16/97 04/21/97	\$2,243.22 \$1,885.62 \$6,000.00
Gaddy Neuwirth 2227 Union Street San Francisco, CA 94123	Prof Fees- Fund Raising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/28/97 05/28/97 05/30/97	\$6,708.67 \$1,753.79 \$6,000.00
Gelow's News Service P.O. Box 2083 Napa, CA 94558	Subscription Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/14/97	\$ 15.83

SUBTOTAL of Disbursements This Page (optional)

\$33,641.09

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) **Michela Alioto for Congress** C00308403

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Imperial Bank 455 Capital Mall, Suite 400 Sacramento, CA 95814	Bank Service Charge	01/02/97	\$ 35.00
		02/03/97	\$ 35.00
		03/03/97	\$ 35.00
Imperial Bank 455 Capital Mall, Suite 400 Sacramento, CA 95814	Bank Service Charge	03/11/97	\$ 35.00
		04/30/97	\$ 35.00
		05/31/97	\$ 35.00
Imperial Bank 455 Capital Mall, Suite 400 Sacramento, CA 95814	Bank Service Charge	06/30/97	\$ 35.00
KEET-TV P.O. Box 13 Eureka, CA 95502	Promotional Expense	02/14/97	\$ 104.57
Mail Boxes, Etc. 3212 Jefferson St. Napa, CA 94558	Mail Services	03/11/97	\$ 90.00
		04/09/97	\$ 25.00
		06/20/97	\$ 25.00
MCI International 201 Centennial Lane Piscataway, NJ 08854	Telephone	03/12/97	\$ 433.58
Napa Net 1142 First St. Napa, CA 94559	Telephone	02/14/97	\$ 60.00
Napa Midtown Storage 895 Jackson Street Napa, CA 94559	Rent	03/28/97	\$ 92.50
		04/23/97	\$ 92.50
		05/29/97	\$ 92.50
Napa National bank 901 Main Street Napa, CA 94558	Bank Service Charge	04/23/97	\$ 15.00
		04/28/97	\$ 12.00

SUBTOTAL of Disbursements This Page (optional)	\$1,287.65
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 6
FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Michela Alioto for Congress

C00308403

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NationsBank P.O. Box 27025 Richmond, VA 23261	Bank Service Charge	03/31/97	\$ 11.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	04/30/97	\$ 11.00
	<input type="checkbox"/> Other (specify)	05/31/97	\$ 11.00
NationsBank P.O. Box 27025 Richmond, VA 23261	Bank Service Charge	06/30/97	\$ 11.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Napa Storage 895 Jackson Street Napa, CA 94559	Rent	03/13/97	\$ 239.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Pacific Bell Payment Center Sacramento, CA 95887	Telephone	03/12/97	\$1,157.38
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	03/28/97	\$ 10.84
	<input type="checkbox"/> Other (specify)	05/28/97	\$ 86.21
Pacific Gas & Electric Co. Box 52001 San Francisco, CA 94152	Utilities	04/16/97	\$ 514.94
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Pagenet 1820 Gateway Drive San Mateo, CA 94404	Telephone	02/14/97	\$ 58.85
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	03/28/97	\$ 17.95
	<input type="checkbox"/> Other (specify)		
Paychex 1111 Bayhill Drive San Bruno, CA 94065	Payroll Service	01/15/97	\$.01
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	03/28/97	\$ 87.93
	<input type="checkbox"/> Other (specify)		
Mike Piazza P.O. box 6026 Napa, CA 94559	Postage	04/25/97	\$ 25.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Tom Pier 1944 Brown Napa, CA 94559	Prof Fees - manager	04/03/97	\$1,650.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

\$3,712.11

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Michela Alioto for Congress **C00308403**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Post Master c/o Gaddy Neuwirth 2227 Union Street San Francisco, CA 94123	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/26/97	\$ 339.20
B. Full Name, Mailing Address and ZIP Code Secretary of State c/o Gaddy Neuwirth 2227 Union St. San Francisco, CA 94123	Purpose of Disbursement Research Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/26/97	Amount of Each Disbursement This Period \$ 100.00
C. Full Name, Mailing Address and ZIP Code Solano County Democratic Com. c/o William D. Wood P.O. Box 5289 Santa Rosa, CA 95402	Purpose of Disbursement Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/16/97	Amount of Each Disbursement This Period \$ 169.46
D. Full Name, Mailing Address and ZIP Code Smart Campaign 235 Fountain Avenue Tahoe City, CA 96145	Purpose of Disbursement Research Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 06/17/97	Amount of Each Disbursement This Period \$3,125.00
E. Full Name, Mailing Address and ZIP Code St. Helena Florist 1340 Railroad Ave. St. Helena, CA 94574	Purpose of Disbursement Flowers Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/28/97	Amount of Each Disbursement This Period \$ 41.29
F. Full Name, Mailing Address and ZIP Code Tam Systems 200 Tamal Vista Blvd. #506 Corte Madera CA 94925	Purpose of Disbursement Equipment Rental Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/16/97	Amount of Each Disbursement This Period \$ 381.36
G. Full Name, Mailing Address and ZIP Code Tamalpais Travel 506 Tamalpais Drive Corte Madera, CA 94925	Purpose of Disbursement Travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 06/24/97	Amount of Each Disbursement This Period \$ 297.00
H. Full Name, Mailing Address and ZIP Code TCI 2260 Brown Street Napa, CA 94558	Purpose of Disbursement TV-Cable Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/14/97	Amount of Each Disbursement This Period \$ 32.68
I. Full Name, Mailing Address and ZIP Code United Parcel Service P.O. Box 505820 The Lakes, NV 88905	Purpose of Disbursement Delivery Service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/25/97	Amount of Each Disbursement This Period \$ 94.50

SUBTOTAL of Disbursements This Page (optional) **\$4,580.49**

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Michela Alioto for Congress CD0308403

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wells fargo Bank P.O. Box 29475 Phoenix, AZ 85038	Fund Raising Exp. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/20/97 05/28/97	\$3,174.35 \$ 140.89
B. Full Name, Mailing Address and ZIP Code Mary Weavers P.O. Box 1395 Mendocino, CA 95460	Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/08/97	\$ 626.81
C. Full Name, Mailing Address and ZIP Code Working Group (The) c/o Gaddy Neuwirth 2227 Union St San Francisco, CA 94123	Fund Raising Costs Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/24/97	\$ 275.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$4,217.06
TOTAL This Period (last page this line number only)	\$53,001.17

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 20 (c)

Refund of Contributions: Other Political Committees (PAC's)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Michela Alioto for Congress

C00308403

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
International Associations of Fire Fighters 1750 New York Ave., NW Washington, DC 20002	Refund Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/21/97	\$1,000.00
B. Full Name, Mailing Address and ZIP Code California State Pipe Trade Council 915 L Street, Ste 1240 Sacramento, CA 95814	Refund Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/30/97	\$4,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$5,000.00

TOTAL This Period (last page this line number only)

\$5,000.00

Debts Owed by the Committee
DEBTS AND OBLIGATIONS
Excluding Loans.

SCHEDULE D
(Revised 3/80)

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Michela Alioto for Congress C00308403				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Remcho, Johnsen & Purcell 220 Montgomery St., Suite 800 San Francisco, CA 94104	\$5,518.63	\$3,952.65	-0-	\$10,471.29
Nature of Debt (Purpose): Prof Fees - Legal & Accounting				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Robert M. Derenzi 1265 Glacier Ave. Pacifica CA 94044	\$ -0-	\$5,975.00	\$1,700.00	\$ 4,275.00
Nature of Debt (Purpose): Prof Fees - Treasurer				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Cellular One P.O. Box 7552 San Francisco, CA 94120	\$1,656.33	\$ 496.10	\$1,857.19	\$ 295.24
Nature of Debt (Purpose): Telephone				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Gaddy Neuwirth 2227 Union Street San Francisco, CA 94123	\$ -0-	\$30,926.11	\$24,591.30	\$ 6,334.81
Nature of Debt (Purpose): Prof Fees - Fund raising				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Napa Midtown Storage 895 JACKSON Street Napa, CA 94559	\$ -0-	\$ 370.00	\$ 277.50	\$ 92.50
Nature of Debt (Purpose): Rent				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Napa Net 1142 First Street Napa, CA 94559	\$ 40.00	\$ 40.00	\$ 60.00	\$ 20.00
Nature of Debt (Purpose): Telephone				
1) SUBTOTALS This Period This Page (optional)				\$21,488.84
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D

(Revised 3/80)

DEBTS AND OBLIGATIONS

Excluding Loans

Name of Committee (in Full) Michela Alioto for Congress C00308403	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payments This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Pacific Bell Payment Center Sacramento, CA 95887	\$ 1,039.98	\$ 303.81	\$ 1,254.43	\$ 89.36
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				\$ 89.36
2) TOTALS This Period (last page in this line only)				\$21,578.20
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				\$320,000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				\$341,578.20

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

7-31-97

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

MS
PREPARER

7-31-97
DATE PREPARED